

## VAPOR INTRUSION ASSESSMENT



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
UNDERGROUND STORAGE TANK BRANCH  
200 FAIR OAKS LANE, SECOND FLOOR  
FRANKFORT, KENTUCKY 40601  
(502) 564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY**

### GENERAL INFORMATION

Complete this form when directed in writing by the division for each soil vapor or indoor air sampling event.

#### OCCUPANT INFORMATION

#### UST SITE INFORMATION

OCCUPANT NAME:		ASSOCIATED AI #(S):	
OCCUPANT PHYSICAL ADDRESS:		UST SITE LOCATION:	
RECEIPT DATE OF SAMPLING NOTIFICATION:	<input type="checkbox"/> OCCUPANT PRESENT DURING SAMPLING EVENT	CITY:	COUNTY:
OCCUPANT PHONE NUMBER:	OTHER PHONE (OPTIONAL) <input type="checkbox"/> MOBILE <input type="checkbox"/> BUSINESS	ERT REPORT #(S):	ERT DATE(S):
OCCUPANT E-MAIL ADDRESS:		RESPONSIBLE PARTY (if known):	

#### BUILDING OWNER INFORMATION

#### CONSULTANT INFORMATION

DATE OF SAMPLING NOTIFICATION (PROVIDE COPY OF SIGNATURE OR MAIL RECEIPT)			COMPANY NAME:		
BUILDING OWNER NAME:			PROJECT MANAGER:		PROJECT MANAGER PHONE NUMBER:
BUILDING OWNER ADDRESS: <input type="checkbox"/> OCCUPANT ALSO OWNS THE BUILDING			CONSULTANT ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
BUILDING OWNER PHONE NUMBER:	OTHER PHONE (OPTIONAL) <input type="checkbox"/> MOBILE <input type="checkbox"/> BUSINESS		SAMPLES COLLECTED BY:		
BUILDING OWNER EMAIL ADDRESS:			PROJECT MANAGER EMAIL ADDRESS:		

### LABORATORY INFORMATION

LABORATORY NAME:	LABORATORY MANAGER:
LABORATORY ADDRESS:	LABORATORY PHONE NUMBER:
ANALYTICAL METHOD(S) SPECIFIED TO LABORATORY: <input type="checkbox"/> TO-15 <input type="checkbox"/> 8260 <input type="checkbox"/> TO-17 <input type="checkbox"/> TO-13 <input type="checkbox"/> OTHER	SUMMA CANISTERS INDIVIDUALLY CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS:

**PRE-SAMPLING INSPECTION**

REMEDIAL SYSTEM IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SYSTEM IN OPERATION DURING SAMPLING? <input type="checkbox"/> YES <input type="checkbox"/> NO
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POTENTIAL VOC SOURCE	PRESENT IN BUILDING	REMOVED 48 HOURS BEFORE SCHEDULED SAMPLING	LOCATION OF SOURCE (ROOM AND FLOOR)
GAS POWERED EQUIPMENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GAS STORAGE CANS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PAINTS OR PAINT THINNERS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CLEANING SOLVENTS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FURNITURE POLISH:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTH BALLS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
FUEL TANK:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**SAMPLING CONDITIONS**

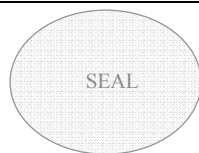
Outside Temperature (°F)		Describe General Weather Conditions:
Prevailing Wind Direction		
Significant precipitation with 48 hours of sampling event?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of precipitation		

**CERTIFICATION**

Under the requirements of KRS Chapter 322 and 322A, this Vapor Intrusion Assessment shall be completed and signed by a PE licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a PG registered with the Kentucky Board for Professional Geologists.

**I, THE UNDERSIGNED, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.**

PRINTED NAME:	TITLE:
SIGNATURE:	DATE:
LICENSE REGISTRATION NUMBER:	LICENSE/REGISTRATION DATE:



If you have questions on how to fill out this form or to request a review of the facility records, please contact the USTB at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

**\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\***